Name in Full — Certificate of Death

Virgil Barnett

Town — County

Died at Sudlersville — aa — MARYLAND

Date 1904 — Month Sept — Day 4 — Age Y. 60 M. — D. — — Native of US — Occupation Farmer

Male — ~~White~~ — Married — Widow — Divorced

~~Female~~ — Colored — ~~Single~~ — Widower — Number of children living 5

Husband of ~~Wife~~ Jennie Barnett

Father's Name Unknown — Mother's Maiden Name Nellie Turner

Cause of Death — Primary: Dysentery — How long sick: 3 weeks

Immediate: Marasmus — ~~Accident, Suicide, Homicide~~

Reported by Virgil Fatimer MD

Address Mt Pleasant Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893

Name in Full: Catherine Barkhard

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Annapolis; County: Anne Arundel

Date of death: 1904; Month: Sept.; Day: 1; Years: 87; Months: 3; Days: 15

Sex: Female; Color or Race: White; Birthplace: Germany

Occupation: None; Where Residing if not at place of death: 245 Hanover St

Married, Single or Widowed: Widow; Name of Wife or Husband:

Father's Name: Not Known; Father's Birthplace:

Mother's Maiden Name: Not Known; Mother's Birthplace:

Name of person giving information: Mrs Carrie Weaver; How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

154

Primary: Senility; How long:

Immediate: Diarhoea; How long: 2 wks

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H Clement Claude MD

Address: 9 St. John St. Annapolis Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Elizabeth Baynard

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Annapolis | County: Anne Arundel

Date of death 1 90: Month: Sept | Day: 2 | Age: Years: 24 | Months: | Days:

TO BE ANSWERED BY NEAREST FRIEND

Sex: Female | Color or Race: Colored | Birthplace: Mt Table

Occupation: Laundry | Where Residing if not at place of death:

Married, Single or Widowed: Married | Name of Wife or Husband: V. Horace Baynard

Father's Name: Isic. Orban | Father's Birthplace: Mt. Table

Mother's Maiden Name: Elizabeth Orban | Mother's Birthplace: Mt. Table

Name of person giving In formation: Horace Baynard | How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Valvular Lesion of Heart | How long: 18 years

Immediate: Exhaustion | How long: Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: William Bishop MD

Address: 14 Church Circle

Accident or Suicide?

LIBRARY BUREAU A89916

Name in Full: Florence Bias

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Annapolis Md — County: A A C

Date of death: 190 — Month: Sept — Day: 11 — Age: Years — Months: 1 B — Days

Sex: female — Color or Race: — Birthplace: Annapolis Md

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: — 11

Father's Name: Samuel Bias — Father's Birthplace: South C

Mother's Maiden Name: Rebecca Johnson — Mother's Birthplace: West V

Name of person giving information: Samuel Bias — How related to deceased: father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Gastro Enteritis — How long: Two days

Immediate: Exhaustion — How long: Two days

105

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John Ridout MD

Address: Annapolis Md

Accident or Suicide?

LIBRARY BUREAU A888 10

Name in Full Margaret A Boston

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Annapolis — County: A A

Date of death 1904 — Month: Sept — Day: 21st — **Age** — Years: 58 — Months — Days

Sex: Female — Color or Race: Colored — Birthplace: A A Co.

Married, Single or Widowed: Widowed — Occupation: Housewife

Name of Wife or Husband

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving information — How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Paralysis — How long: Nine days

Immediate: Asthenia — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John Ridout M.D.

Address: Annapolis Md

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88518

Name in Full: Wm Brown

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Annapolis — Town: Anne Arundel — County

Date of death: 1904 Month: Oct Day: 30

Age: Years — Months: 3 Days:

Sex: Male — Color or Race: Colored — Birthplace: Acton Lane

Occupation: — Where Residing if not at place of death: 22 Acton Lane

Married, Single or Widowed: — Name of Wife or Husband:

Father's Name: Wm Brown — Father's Birthplace: Aaco.

Mother's Maiden Name: Hannah Green — Mother's Birthplace: "

Name of person giving Information: Hannah Brown — How related to deceased: Mother

PHYSICIAN OR CORONER

CAUSES OF DEATH

Primary: Marasmus — How long: 15 Months

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: John Ridout MD

Address: Annapolis Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Caroline Burke

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Robinson — County: A.A.

Date of death: Month: Sept — Day: 5th — 1904

Age: Years: 74 — Months — Days

Sex: female

Color or Race: White

Birthplace: Baltimore

Occupation: Housewife

Where Residing if not at place of death:

Married, Single or Widowed: widow

Name of Wife or Husband: Twice married Davis + Burke

Father's Name: + Daley Landon

Father's Birthplace: +

Mother's Maiden Name: + Gems Langston

Mother's Birthplace: +

Name of person giving information: Harry Donalazon

How related to deceased: Grand Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: mitral Stenosis — How long: Several Months

Immediate: Heart failure — How long: 24 Hour

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr. Blaychem

Address: Glen Burnie Maryland

Accident or Suicide?

LIBRARY BUREAU A98816

Name in Full: Charles F. Carr

CERTIFICATE OF DEATH

MARYLAND

Died at: Annapolis — Town; A. A. Co. — County

Date of death 1904: Month Sept; Day 1; Years Age 2; Months 4; Days

Sex: Male; Color or Race: Colored; Birthplace: Annapolis Md

Occupation: —; Where Residing if not at place of death: —

Married, Single or Widowed: —; Name of Wife or Husband: —

Father's Name: Edward Carr; Father's Birthplace: A. A. Co. Md

Mother's Maiden Name: Matilda Mobley; Mother's Birthplace: Annapolis Md

Name of person giving In formation: Edward Carr; How related to deceased: father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Tuberculosis; How long: Since birth

Immediate: Meningitis + Acute Diarrhoea; How long: Since Aug. 12th 1904

PHYSICIAN OR CORONER

Are the name, age, sex, color. date and place correctly given above? Yes.

Signature of Physician: F. H. Thompson M.D.

Address: 193 Church St. Annapolis, Md.

Accident or Suicide?

LIBRARY BUREAU A88810

Name in Full: Mrs Mary Heath Easler

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Annapolis. — County: Anne Arundel

Date of death 1904 — Month: Sept 19th — Day: Monday — Age — Years: 74 — Months: Nine — Days: Two

Sex: Female — Color or Race: White — Birthplace: Little Falls Ny.

Occupation: Housewife — Where Residing if not at place of death:

Married, Single or Widowed: Widow — Name of Husband: ~~Wm H. Easler~~ George Easler

Father's Name: George Heath — Father's Birthplace: Little Falls Ny.

Mother's Maiden Name: Mercy Marlette Heath — Mother's Birthplace: Little Falls Ny.

Name of person giving information: Moran M. Easler — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: 99 — How long:

Immediate: Hemorrhage of Lungs — How long: 1 Hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Dr Wells M.D.

Address: Annapolis Md

Accident or Suicide?

LIBRARY BUREAU A88518

Name in Full: Clifton Catlin

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Beale — County: Anne Arundel

Date of death: 1907 — Month: Sept. — Day: 5

Age: Years: 7 — Months: 6 — Days: 26

Sex: Male — Color or Race: White — Birthplace: Rutwell Md.

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

Father's Name: Wm. E. Catlin — Father's Birthplace: Rutwell

Mother's Maiden Name: Bettie Cruthley — Mother's Birthplace: Owensville Md

Name of person giving information: Wm E. Catlin — How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Follicular Dysentary — How long: 14 days

Immediate: Exhaustion — How long: 72 hours

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R. Sydney Starlings M.D.

Address: Leitchs P.O. Maryland

Accident or Suicide?

LIBRARY BUREAU

Give permit
Seal

Name in Full Not named Coates

Certificate of Death

Died at Woodwardville Town County Anne Arundel MARYLAND

1904 Month Sept. Day 28 Y. 8 M. D. Native of Occupation

Date ~~189~~ ~~Male~~ / ~~White~~ Age

~~Male~~ / ~~White~~ Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name Kent Coates Mother's Name Carrie Coates

Cause of Death { Primary Bronchitis + Pneumonia, General Sep. How long sick 9 d

Immediate

Accident, Suicide, Homicide

Reported by Saml H. Anderson M.D.

Address Woodwardville Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Mrs Catherine Conner

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: [illegible] Point — County: Anne Arundel Co Md

Date of death 1904 — Month: Sept — Day: 2 — Age — Years: 60 — Months: 3 — Days: 10

Sex: female — Color or Race: Colored — Birthplace: West river

Occupation: Cooking — Where Residing if not at place of death: [illegible]

Married, Single or Widowed: Widow — Name of Wife or Husband: Catherine Conner

Father's Name: Harry Smothers — Father's Birthplace: West river

Mother's Maiden Name: Susan Boston — Mother's Birthplace: West river

Name of person giving Information: Lizzie Tilman — How related to deceased: Sister

TO BE ANSWERED BY NEAREST FRIEND

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Intestinal Obstruction — How long: One week

Immediate: Heart failure — How long: 24 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jas. L. Johnson

Address: 60 Cathedral St.

Accident or Suicide?

LIBRARY BUREAU A6881G

CERTIFICATE OF DEATH

MARYLAND

Name in Full: John H. Cooper

Died at — Town: Annapolis — County: A R

Date of death 1904: Month: 4 Sept — Day: 19th — Age: Years 31 — Months — Days

Sex: Male — Color or Race: Colored — Birthplace: Annapolis

Married, Single or Widowed: Married — Occupation: Laborer

Name of Wife or Husband

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information — How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Phthisis Pulmonalis — How long: One year

Immediate: Exhaustion — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John Ridout MD

Address: Annapolis Md

Accident or Suicide?

LIBRARY BUREAU A33516

Name in Full: John Henry Diggs

CERTIFICATE OF DEATH

Died at: Town: Waterbury — County: Anne Arundel — MARYLAND

Date of death 1904: Month: Sept — Day: 1 — Years: Age 104 — Months: 5 — Days: 22

Sex: Male — Color or Race: African — Birthplace: West River

Occupation: Farmer — Where Residing if not at place of death:

Married, Single or Widowed: Widowed — Name of Wife or Husband: Margaret Ann Diggs

Father's Name: Dont Know — Father's Birthplace: Dont Know

Mother's Maiden Name: Dont Know — Mother's Birthplace: Dont Know

Name of person giving Information: John S Diggs — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senility — How long: 5 Years

Immediate: Paralysis of the Brain — How long: 4 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J H Davis M D

Address: Annapolis Md

Accident or Suicide?

LIBRARY BUREAU A6691G

Name in Full: John W. Dorsey

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Annapolis — County: A.A.

Date of death: 1904 — Month: Sept — Day: 21st — Age: Years: 1 — Months: 2 — Days:

Sex: Male — Color or Race: Colored — Birthplace: A.A. Co.

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: James Dorsey — Father's Birthplace: A.A. Co.

Mother's Maiden Name: Lizzie Munroe — Mother's Birthplace: A.A. Co.

Name of person giving information: Father — How related to deceased: 107

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Entero-colitis — How long: Ten days

Immediate: Asthenia — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John Ridout M.D.

Address: Annapolis Md.

Accident or Suicide?

LIBRARY BUREAU A66816

James S. Taylor

Name in Full: Thomas Perrie Ford.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Nuttwee — County: Anne Arundel

Date of death: Month: Sept. — Day: 12 — Year: 1904

Age: Years: 0 — Months: 2 — Days: 7

Sex: Male — Color or Race: White — Birthplace: A.A. Co. Md.

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Thomas Ford — Father's Birthplace: Md.

Mother's Maiden Name: Susie Pratt — Mother's Birthplace: Md.

Name of person giving information: Walter Phipps — How related to deceased: Friend

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Rubio-Colitis — How long: 4 weeks

Immediate: Asthenia — How long: 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A.H. Perrie

Address: McKendree, Md.

Accident or Suicide?

LIBRARY BUREAU A68816

Name in Full: Mary E. Evans

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Near Annapolis County: Anne Arundel Co.

Date of death 1904: Month: Sept Day: 1. Age: Years — Months — Days 10

Sex: female Color or Race: Birthplace: Germantown

Occupation: Where Residing if not at place of death:

Married, Single or Widowed: Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Moses Galloway Father's Birthplace: South Kingstown

Mother's Maiden Name: Mary Hamilton Mother's Birthplace: Calvert county

Name of person giving information: Mrs Galloway How related to deceased: father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Inanition How long: Since Birth

Immediate: Asthenia How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: John Ridout, M.D.

Address: Annapolis Md

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full: George Greenwell

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Leon — County: Anne Arundel

Date of death: Month: Sept — Day: 20 — Years: 56 — Months: 6 — Days:

Sex: Male — Color or Race: White — Birthplace: Md.

Occupation: Merchant — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Thomas Greenwell — Father's Birthplace: Md.

Mother's Maiden Name: Rachael Armiger — Mother's Birthplace: Md

Name of person giving information: James Greenwell — How related to deceased: Nephew

CAUSES OF DEATH

Primary: Pulmonary tuberculosis — How long: 4 years

Immediate: Asthaema — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A H Perrie

Address: McKendree, Md

Accident or Suicide?

LIBRARY BUREAU A66616

Name in Full: Bennie Hamilton

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Annapolis County: Anne Arundel

Date of death 190 4: Month: Sept Day: 10

Age: Years: 6 Months: Days:

Sex: male Color or Race: Birthplace: Annapolis

Occupation: Where Residing if not at place of death:

Married, Single or Widowed: Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: William Hamilton Father's Birthplace: Annapolis Md

Mother's Maiden Name: Hester Steward Mother's Birthplace: Annapolis Md

Name of person giving information: William Hamilton How related to deceased: father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus How long: 6 months

Immediate: Exhaustion How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: John R. Smith M.D.

Address: Annapolis Md

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: John W. Harris

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Solomons — County: Ca

TO BE ANSWERED BY NEAREST FRIEND

Date of death: Month: Sept — Day: 14 — Year: 1904 — Age: 22 — Months: — — Days: —

Sex: Male — Color or Race: color — Birthplace: Md

Occupation: miller — Where Residing if not at place of death:

Married, Single or Widowed: single — Name of Wife or Husband:

Father's Name: John [illegible] Harris dr — Father's Birthplace: Md

Mother's Maiden Name: [illegible] Pratt — Mother's Birthplace: Md

Name of person giving Information: Alex Pratt — How related to deceased: uncle

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis of Lung — How long:

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: G W Palmer

Address: Woodstock Md

Accident or Suicide? Neither

LIBRARY BUREAU A88518

Name in Full: Carrie Henson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Annapolis — County: Ant

Date of death: 1904 Month: Sept Day: 28th — Age: Years: 17 Months: Days:

Sex: Female — Color or Race: colored — Birthplace: Annapolis

Occupation: Domestic — Where Residing if not at place of death: 5-8 Washington St.

Married, Single or Widowed: Single — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Tobias Henson — Father's Birthplace: U. S. A.

Mother's Maiden Name: Charlotte Goodrich — Mother's Birthplace: " " "

Name of person giving information: Tobias Henson — How related to deceased: father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis — How long: One year

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: John Ridout M.D.

Address: Annapolis Md.

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Lawrence Hillery

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Laurelsmell — County: a a

Date of death 190	Month	Day	Age: Years	Months	Days
	Sept	16	—	4	2

Sex: Male — Color or Race: color — Birthplace: md

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband

Father's Name: Henry Hellery — Father's Birthplace: md

Mother's Maiden Name: Unknown — Mother's Birthplace

Name of person giving In formation — How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Unknown — How long

Immediate — How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Mrs Sallard

Address: West Rvr md

Accident or Suicide?

LIBRARY BUREAU A88018

Name in Full: Samuel Otis Howard

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Madley — County: Anne Arundel

Date of death 1904 — Month: Sept. — Day: 2 — Age: Years: 15 — Months: 3 — Days:

Sex: Male — Color or Race: African — Birthplace: Anne Arundel

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Elijah Howard — Father's Birthplace: Anne Arundel

Mother's Maiden Name: Sarah Jane Arnold — Mother's Birthplace: Anne Arundel

Name of person giving information: Elijah Howard — How related to deceased: father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid fever — How long: 22 days

Immediate: Perforation intestine — How long: 1 Day

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Thomas A. Bradshaw

Address: Glen Burnie

Accident or Suicide?

LIBRARY BUREAU A88918

Name in Full

CERTIFICATE OF DEATH

MARYLAND

Died at — Town — County

Date of death 190 — Month — Day

Age — Years — Months — Days

Sex

Color or Race

Birth-place

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving In formation

How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary

How long

Immediate

How long

PHYSICIAN OR CORONER

Are the name, age, sex, color. date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

LIBRARY BUREAU A66016

Name in Full: Carroll Jones

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Thurmont — County: Fred

Date of death: 1904 — Month: Sept — Day: 14 — Age: Years: — Months: 8 — Days:

Sex: Male — Color or Race: Col — Birthplace: Md

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: Sam Jones — Father's Birthplace: Md

Mother's Maiden Name: Susan Jones — Mother's Birthplace: Md

Name of person giving Imformation: Laurence Byers — How related to deceased: None

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Convulsions — How long: 2 days

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes — Signature of Physician: Chas. P. Brown

Address:

Accident or Suicide?

LIBRARY BUREAU A88618

Name in Full: John Henry Jones

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: McKendree, County: Anne Arundel

Date of death: Month: Sept, Day: 1, 1904

Age: Years: 0, Months: 0, Days: 7

Sex: Male

Color or Race: Black

Birthplace: A. A. Co. Md.

Occupation: —

Where Residing if not at place of death: —

TO BE ANSWERED BY NEAREST FRIEND

Married, Single or Widowed: Single

Name of Wife or Husband: —

Father's Name: Richard Jones

Father's Birthplace: Md.

Mother's Maiden Name: Martha Johnson

Mother's Birthplace: Md.

Name of person giving information: Richard Jones

How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus

How long: Since birth

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. H. Perrie

Address: McKendree Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Octavia Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) McKendree (County) Anne Arundel MARYLAND

Date of death 1904 (Month) Sept. (Day) 5 — Age (Years) 0 (Months) 0 (Days) 10

Sex Female — Color or Race Black — Birthplace Md.

Occupation — Where Residing if not at place of death —

Married, Single or Widowed Single — Name of Wife or Husband —

Father's Name Richard Jones — Father's Birthplace Md.

Mother's Maiden Name Martha Johnson — Mother's Birthplace Md.

Name of person giving Information Richard Jones — How related to deceased Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Marasmus — How long all life.

Immediate — How long

Are the name, age, sex, color, date and place correctly given above? yes — Signature of Physician A H Perrie

Address McKendree, Md.

Accident or Suicide?

LIBRARY BUREAU A86618

Name in Full: Mary Gertrude Leitch

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Friendship — County: Anne Arundel

Date of death: Month: Sept. — Day: 24 — Age: Years: 34 — Months: 4 — Days:

Sex: Female — Color or Race: White — Birthplace: Friendship

Occupation: Housewife — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: C. C. Leitch — Father's Birthplace: Friendship

Mother's Maiden Name: Ward — Mother's Birthplace: Md.

Name of person giving Information: Sydney Leitch — How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever — How long: Two weeks

Immediate: Collapse and Heart Failure — How long: Several hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. L. Brayshaw

Address: Friendship

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Morris Lewis Lyons

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: South Broken — County: Anne Arundel

Date of death 1904: Month: Sept. — Day: 19 — Years: — Months: 5 — Days:

Sex: Male — Color or Race: White — Birthplace: Maryland

Occupation: — Where Residing if not at place of death: Ann Arundel Co

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: Winfield Lyons — Father's Birthplace: Maryland

Mother's Maiden Name: Emma Lee — Mother's Birthplace: Maryland

Name of person giving In formation: Emma Lee — How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum — How long: 3 weeks

Immediate: Convulsions — How long: 4 hrs

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: John Collins

Address: South River

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Herman Manifold

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mdwell; County: A A

TO BE ANSWERED BY NEAREST FRIEND

Date of death: Month: Sept; Day: 5; Year: 1904

Age: Years: —; Months: 6; Days: 4

Sex: Male

Color or Race: Colrd

Birthplace: Mdwell, Md

Occupation: —

Where Residing if not at place of death: —

Married, Single or Widowed: —

Name of Wife or Husband: —

Father's Name: Andrew Manifold

Father's Birthplace: Balto Md

Mother's Maiden Name: Iva Rogers

Mother's Birthplace: A. A. Co Md

Name of person giving Information: Andrew Manifold

How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Enteric Colitis — How long: 12 Days

Immediate: Convulsions — How long: one hour

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Isaac T Dent

Address: Churchton

Accident or Suicide?

LIBRARY BUREAU A68816

Name in Full: Christian Myers

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died — Town: 4th District — County: AA

Date of death: 1904 — Month: Sept — Day: 4th — Age: 31 — Years — Months: Six — Days:

Sex: Female — Color or Race: White — Birthplace: A A Co

Occupation: Seamstress — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: Henry Myers — Father's Birthplace: Germany

Mother's Maiden Name: Mary Ann Myers — Mother's Birthplace: Germany

Name of person giving information: Abraham Myers — How related to deceased: Bro

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: — How long:

Immediate: Heart failure — How long: Suddenly

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: T H Brayshaw

Address: Glen Burnie

Accident or Suicide?

LIBRARY BUREAU A88516

the Body will be
buried in myers
Graveyard near
Glenburn

Name in Full: Rosa Nicholson

CERTIFICATE OF DEATH

Town: Rosa County: Anne Arundel MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at

Date of death 1904 Month: Sept Day: 19

Age: Years 2 Months — Days 1

Sex: female Color or Race: White Birthplace: Md

Occupation: House wife Where Residing If not at place of death

Married, Single or Widowed: Married Name of Wife or Husband

Father's Name: Phelps M & Crusher Father's Birthplace: Md

Mother's Maiden Name: unknown Mother's Birthplace: Va

Name of person giving Information: Thos Nicholson How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: (See other side) K38 How long

Immediate How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Wm Thos Nicholson

Address: Deep Neck

Accident or Suicide?

LIBRARY BUREAU A88516

Mrs. Rose Nicholson aged 32 years, Negro-American; white Al. Chalk Point - A. A. Co. Of paralysis - duration 3 days. Following premature delivery with puerperal convulsions ten days previous. I can ascertain no further facts concerning her which are required in the usual form of burial certificate. M. L. Elzey M.D.

copied from
slip of paper
MCK

Name in Full: Caroline Parker

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: South River; County: Anne Arundel

Date of death: 1904; Month: Sept; Day: 24; Age: Years: 62; Months; Days

Sex: Female; Color or Race: Colored; Birthplace: Maryland

Occupation: Housewife; Where Residing if not at place of death:

Married, Single or Widowed: Married; Name of Wife or Husband: Charles Parker

Father's Name: Daniel Desco; Father's Birthplace: Maryland

Mother's Maiden Name: Rachel Brown; Mother's Birthplace: A. A. Co.

Name of person giving In formation: Laura Parker; How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Disease of the Mitral valve; How long: 5 years

Immediate: Heart failure; How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: John Collinson

Address: South River

Accident or Suicide?

Md

LIBRARY BUREAU A88816

Name in Full: Carolum E Parker

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: South River — County: a a

Date of death: Month: Sept — Day: 27 — 1907

Age: Years: 46 — Months — Days

Sex: female — Color or Race: color — Birthplace: Baltimore

Occupation: House wife — Where Residing if not at place of death:

Married, Single or Widowed: married — Name of Wife or Husband:

Father's Name: Daniel Sucker — Father's Birthplace: md

Mother's Maiden Name: Rachel Sucker — Mother's Birthplace: md

Name of person giving Information: Chas Parker — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary — How long

Immediate — How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Wm Morris Talbott M

Address: Lud Registrar

East River md

Accident or Suicide?

LIBRARY BUREAU A86516

Name in Full: Susan Elizabeth Placide

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Galloways — County: Anne Arundel

Date of death 1904: Month: Sept. — Day: 11th — Age: Years: 38 — Months: 3 — Days: 11

Sex: — Color or Race: White American — Birthplace: Anne Arundel Co.

Occupation: — — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: William Harrison Placide — Father's Birthplace: Baltimore Md.

Mother's Maiden Name: Hankey — Mother's Birthplace: Calvert Co.

Name of person giving information: Geo. Placide — How related to deceased: Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paralysis — How long:

Immediate: Paralysis — How long: 3 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature Physician: W. H. Higgs M.D.

Address: Centerstone

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: Edward Powers

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Annapolis — County: Anne Arundel.

Date of death: 1904 — Month: Sept. — Day: 9

Age — Years: 80 — Months: — Days: 17

Sex: Male

Color or Race: White

Birthplace: Ireland

Occupation: Real Estate

Where Residing if not at place of death:

Married, Single or Widowed: Married

Name of Wife or Husband: Ann Powers

TO BE ANSWERED BY NEAREST FRIEND

Father's Name:

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving information: Sarah Brown

How related to deceased: Niece

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Carcinoma Rectum

How long: 1 1/2 yrs

Immediate: Ethan tem

How long: 2 mos

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. J. Murphy M.D.

Address: Annapolis Md

8

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Mary Teresa Renee

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Annapolis — County: Anne Arundel

Date of death: 1904 — Month: Sept. — Day: Thursday

Age: Years: 59. — Months: 11 — Days: 6

Sex: Female — Color or Race: White — Birthplace: Annapolis

Occupation: none — Where Residing if not at place of death: Annapolis

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: Martin L Renee — Father's Birthplace: Virginia

Mother's Maiden Name: Mary A. Polize — Mother's Birthplace: Annapolis

Name of person giving Information: Eyji N. Renee — How related to deceased: Sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Brights disease — How long: 1 Year

Immediate: Pneumonia — How long: 2 Weeks

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geo Wells M.D.

Address: Annapolis Md

Accident or Suicide?

LIBRARY BUREAU 488516

Name in Full: George Richards

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Annigers — County: Anne Arundel

Date of death 1901: Month: Sep — Day: 12 — Years: 38 — Months — Days

Sex: male — Color or Race: African — Birthplace: A. A. Co Md

Occupation: Laborer — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband: Laura Richards

Father's Name: Benjamin Richards — Father's Birthplace: Anne Arundel Co Md

Mother's Maiden Name: Henrietta Kelly — Mother's Birthplace: Anne Arundel Co Md

Name of person giving In formation: James Hall — How related to deceased: not related

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Catarrh — How long

Immediate: Phthisis Pulmonalis — How long: 1 year

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: no Physician

Address

Accident or Suicide?

LIBRARY BUREAU A66616

Name in Full: Kate E Shepherd

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Lochinvar — County: Garrett

Date of death 1904: Month: Sept — Day: 28 — Age: Years: 65 — Months: — Days: —

Sex: Female — Color or Race: White — Birthplace: Md

Occupation: Domestic — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband:

Father's Name: Rev George Hilgt — Father's Birthplace: Penn

Mother's Maiden Name: Eliza Welch — Mother's Birthplace: Md

Name of person giving Information: Paul Shepherd — How related to deceased: Sister in Law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Ptomaine Poisoning — How long: Five days

Immediate: " " — How long: 7 " "

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: G. W. Latimer M. D. / Rev. E. T. Owens M. D.

Address: West Rives Maryland.

Accident or Suicide? Undetermined

LIBRARY BUREAU A80318

Name in Full: Jannette Simms

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Annapolis; County: A A

Date of death 1904: Month: Sept; Day: 11th; Age: Years: 5 4 yrs; Months: ; Days:

Sex: Female; Color or Race: Colored; Birthplace: South River (Race)

Married, ~~Single~~ or ~~Widowed~~: Widowed; Occupation: Cook

Name of Wife or Husband: Perry Simms

Father's Name: Jacob Tyler; Father's Birthplace: Md

Mother's Maiden Name: Sarah ——; Mother's Birthplace: Md

Name of person giving Information: Elizabeth Blackson; How related to deceased: Sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Chronic Nephritis; How long: One year

Immediate: Exhaustion; How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John Ridout M.D.

Address: Annapolis Md

Accident or Suicide?

LIBRARY BUREAU A66618

Name in Full: Linnis

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Harwood — County: A a

Date of death 1904 — Month: Sept — Day: 8 — Age — Yaars: — — Months: — — Days: —

Sex: female — Color or Race: colen — Birthplace: md

Occupation — Where Residing if not at place of death

Married, Single or Widowed: I — Name of Wife or Husband

Father's Name: unknown — Father's Birthplace

Mother's Maiden Name: Jennie Linnis — Mother's Birthplace: md

Name of person giving In formation — How related to deceased

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary — How long

Immediate — How long

Are the name, age, sex, color, date and place correctly given above? Yes

~~Signature of Physician~~ Wm Thos Talbott

Address: Sub Registrar

Accident or Suicide?

a a Co md

LIBRARY BUREAU A88816

Name in Full: Mrs Elizabeth Smith.

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Annapolis — County: Anne Arundel

Date of death: 1904 Month: Sept Day: 7 — Age: Years: 79 Months: Days:

Sex: Female — Color or Race: White — Birthplace: Calvert Co.

Occupation: Housewife — Where Residing if not at place of death: —

Married, Single or Widowed: Widowed — Name of Wife or Husband: William Smith

Father's Name: — Father's Birthplace: —

Mother's Maiden Name: — Mother's Birthplace: —

Name of person giving Information: L A Smith — How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Old age — How long: —

Immediate: apoplexy — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: S. S. Hopkins M.D.

Address: Annapolis Md.

Accident or Suicide?

LIBRARY BUREAU A66814

Name in Full: Elizabeth Snowden

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Annapolis — County: A A C

Date of death: Month: Sept — Day: 12 — 1904

Age: Years: — Months: — Days: 84

Sex: Female — Color or Race: W

Birthplace: Annapolis Md

Occupation: —

Where Residing if not at place of death: —

Married, Single or Widowed: —

Name of Wife or Husband: —

Father's Name: Charles Snowden — Father's Birthplace: Garrison Vill

Mother's Maiden Name: Eliza Brown — Mother's Birthplace: Anderson

Name of person giving information: Leelonia Isaac — How related to deceased: Sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Marasmus — How long: Since birth

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John Ridout MD

Address: Annapolis Md

Accident or Suicide? No

PHYSICIAN OR CORONER

LIBRARY BUREAU A83916

Name in Full: Sarah Ann Salley

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Marley — County: Anne Arundel — MARYLAND

Date of death: 1904 Month: Sept. Day: 15 — Age: Years: 80 Months: 7 Days: 29

Sex: Female — Color or Race: White — Birthplace: Anne Arundel Co.

Occupation: Housewife — Where Residing if not at place of death:

Married, Single or Widowed: Widowed — Name of Wife or Husband: Thomas Salley of England

Father's Name: William Williams — Father's Birthplace: U S A

Mother's Maiden Name: Mary Faulkner — Mother's Birthplace: Eastern Shore Md.

Name of person giving information: Sarah A Salley — How related to deceased: Daughter in law

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Dysentery — How long: 5 weeks

Immediate: Heart failure — How long: 1 hour

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Thomas H Brashears

Address: Severn Runnit

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Stevens.

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Annapolis — County: A A

Date of death 1904 — Month: Sep. — Day: 27 — Age — Years — Months — Days

Sex: Female — Color or Race: White — Birthplace: Annapolis

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John. W. Stevens — Father's Birthplace

Mother's Maiden Name: Mary A. Gates — Mother's Birthplace

Name of person giving Information: Edna. Stevens — How related to deceased: Sister

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Still Born. — How long —

Immediate — How long —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: S. S. Hepburn

Address: Annapolis Md.

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full: Mary E Steward

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Annapolis — County:

Date of death: 1904 — Month: Sept — Day: 2 — Age: Years — Months — Days: 9

Sex: female — Color or Race: — Birthplace: unknown

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Manuel Steward — Father's Birthplace: Annapolis Md

Mother's Maiden Name: Nancy Davis — Mother's Birthplace: annapolis Md

Name of person giving information: Manuel Steward — How related to deceased: father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Inanition — How long: Since Birth

Immediate: Asthenia — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John Ridout M.D.

Address: Annapolis Md

Accident or Suicide?

LIBRARY BUREAU A88016

Name in Full: Catharine Stone

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Benfield — County: A. A. Co.

Date of death 1904: Month: Sept. — Day: 20 — Age: Years: at birth — Months — Days

Sex: Female — Color or Race: White — Birthplace: Benfield Md.

Occupation — Where Residing if not at place of death

Married, Single or Widowed: Single — Name of Wife or Husband

Father's Name: Arthur Stone — Father's Birthplace: Anne Co.

Mother's Maiden Name: Kate Looney — Mother's Birthplace: A. A. Co.

Name of person giving Imformation: Arthur Stone — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Stillborn — How long

Immediate — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. J. Bryant M. D.

Address: Millersville

Accident or Suicide?

LIBRARY BUREAU A38516

Name in Full: Charles. Montgomery. Suite

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Germantown; County: Anne Arundel

Date of death: 1904 Month: Sept Day: 9

Age: Years 69 Months 2 Days 5

Sex:

Color or Race: White

Birthplace: A. A. Co

Occupation: Farmer

Where Residing if not at place of death: Germantown

Married, Single or Widowed: married

Name of Wife or Husband: Mary. D.

Father's Name: Jesse Suite.

Father's Birthplace: A A Co

Mother's Maiden Name: Ann. Bassford

Mother's Birthplace: A A Co

Name of person giving Information: Robert F Suite

How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Old age

How long: —

Immediate: Uraemia Thrombosis

How long: 2 mos.

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Sewell S Hopkins M.D.

Address: Annapolis Md.

Accident or Suicide?

LIBRARY BUREAU A63316

Name in Full — Washington.

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Annapolis — County: A. A. Co.

Date of death 1906 — Month: Sept 23 — Day: — Age — Years: — Months: 3 — Days: —

Sex: Males — Color or Race: Negro — Birthplace: Annapolis

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Charles Washington — Father's Birthplace: Virginia

Mother's Maiden Name: Rosie Wicks — Mother's Birthplace: Annapolis

Name of person giving In formation: J A Adams — How related to deceased: —

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus — How long: Since birth

Immediate: Exhaustion — How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: John Ridout M.D.

Address: Annapolis Md

Accident or Suicide? —

LIBRARY BUREAU A66816

Name in Full Jennie Wells

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Annapolis (County) Anne Arundel

Date of death Month: Sept Day: 17 1904

Age: Years 33 Months — Days —

Sex: Female

Color or Race: Colored

Birthplace: A A Co.

Occupation: Laundress

Where Residing if not at place of death: 26 Washington

Married, Single or Widowed: Widow

Name of Wife or Husband: Charles Wells

Father's Name: Bryant Blackstone

Father's Birthplace: A A Co.

Mother's Maiden Name: Louisa Simms

Mother's Birthplace: A A Co.

Name of person giving Information: Katherine Peters

How related to deceased: Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paralysis — How long: 48 hours

Immediate: Heart failure — How long: 12 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jos. L. Johnson

Address: 60 Cathedral St Annapolis Md.

Accident or Suicide?

LIBRARY BUREAU A86510

Name in Full: Henrietta M. H. Lite

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Annapolis, County: Anne Arundel

Date of death: Month: Sept, Day: 4, 1904

Age: Years: 58, Months: 2, Days: 21

Sex: Female

Color or Race: White

Birthplace: Howard Co. near Annapolis Dist.

Occupation:

Where Residing if not at place of death: Annapolis, Md.

Married, Single or Widowed: Single

Name of Wife or Husband:

Father's Name: Thos. J. White,

Father's Birthplace: Howard Co.

Mother's Maiden Name: Harriet Griffith,

Mother's Birthplace: Howard Co.

Name of person giving information: Harriet V. Scaggs,

How related to deceased: Sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bright's Disease

How long: 2 yrs

Immediate: Uremia

How long: 24 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician:

Address: Annapolis Md.

Accident or Suicide?

LIBRARY BUREAU A883I6

Name in Full: Albert Wilson

CERTIFICATE OF DEATH

MARYLAND

Died at: Annapolis Md — Town — County: Anne Arundel

Date of death 190 4 — Month: Sept — Day: 7 — Years: Age 63 — Months — Days

Sex: Male — Color or Race — Birthplace: Virginia

Occupation: Laborer — Where Residing if not at place of death

Married, ~~Single~~ or ~~Widowed~~: married — Name of ~~Wife~~ or Husband: Mary A. Wilson

Father's Name: Albert Wilson — Father's Birthplace: Virginia

Mother's Maiden Name: Mary Davis — Mother's Birthplace: Annapolis Md

Name of person giving In formation: Mary Wilson — How related to deceased: wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Chronic Nephritis — How long: Months

Immediate: Asthenia — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John Ridout M.D.

Address: 120 Annapolis Md

Accident or Suicide?

LIBRARY BUREAU A66516